

NVB 250B (Rev. 10/14)

**UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEVADA**

IN RE:

MUSCLEPHARM CORPORATION ,  
Debtor(s)

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BK-22-14422-nmc  
CHAPTER 11

Adversary Proceeding: 23-01014-nmc

WHITE WINSTON SELECT ASSET FUNDS, LLC  
Plaintiff(s)

vs

SUMMONS AND  
NOTICE OF SCHEDULING  
CONFERENCE IN AN ADVERSARY  
PROCEEDING

EMPERY TAX EFFICIENT, LP  
EMPERY TAX EFFICIENT III  
EMPERY DEBT OPPORTUNITY FUND, LP  
EMPERY MASTER ONSHORE, LLC  
IONIC VENTURES, LLC  
INTRACOASTAL CAPITAL LLC  
BIGGER CAPITAL FUND, LP  
DISTRICT 2 CAPITAL FUND, LP  
L1 CAPITAL GLOBAL OPPORTUNITIES MAASTER  
FUND  
ALTIUM GROWTH FUND, LP  
CVI INVESTMENT, INC.  
ROTH CAPITAL PARTNERS, LLC  
WALLEYE OPPORTUNITY MASTER FUND LTD.  
Defendant(s)

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Hearing Date: June 15, 2023  
Hearing Time: 9:30 A.M.

**To each Defendant listed above, YOU ARE SUMMONED** and required to submit a motion or answer to the complaint which is attached to this summons to the Clerk of the Bankruptcy Court within 30 days after the date of issuance of this summons, except that the United States and its offices and agencies shall submit a motion or answer to the complaint within 35 days.

Address of the Clerk:

Clerk, U.S. Bankruptcy Court  
300 Las Vegas Blvd., South  
Las Vegas, NV 89101

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At the same time, you must also serve a copy of the motion or answer upon the plaintiff's attorney.

Name and Address of Plaintiff's Attorney:

BART K. LARSEN  
1731 VILLAGE CTR CR, STE 150  
LAS VEGAS, NV 89134  
(702) 4717432

If you make a motion, your time to answer is governed by Fed. R. Bankr. P. 7012.

**YOU ARE NOTIFIED** that a scheduling conference of the proceeding commenced by the filing of the complaint will be held at the following time and place.

Hearing Date:	June 15, 2023
Hearing Time:	9:30 A.M.
Hearing Phone Number:	(669) 254-5252
Hearing Meeting ID:	161 166 2815
Hearing Passcode:	115788

IF YOU FAIL TO RESPOND TO THIS SUMMONS, YOUR FAILURE WILL BE DEEMED TO BE YOUR CONSENT TO ENTRY OF A JUDGMENT BY THE BANKRUPTCY COURT AND JUDGMENT BY DEFAULT MAY BE TAKEN AGAINST YOU FOR THE RELIEF DEMANDED IN THE COMPLAINT.

Dated: March 10, 2023



*Mary A. Schott*

Mary A. Schott  
Clerk of Court

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## CERTIFICATE OF SERVICE

IN RE:

BK-22-14422-nmc  
CHAPTER 11

MUSCLEPHARM CORPORATION ,  
Debtor(s)

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Adversary Proceeding: 23-01014-nmc

WHITE WINSTON SELECT ASSET FUNDS, LLC, et al,  
Plaintiff(s)

COMPLAINT, SUMMONS  
STANDARD DISCOVERY PLAN AND  
SCHEDULING ORDER PACKET

vs

Hearing Date: June 15, 2023  
Hearing Time: 9:30 A.M.

EMPERY TAX EFFICIENT, LP  
EMPERY TAX EFFICIENT III  
EMPERY DEBT OPPORTUNITY FUND, LP  
EMPERY MASTER ONSHORE, LLC  
IONIC VENTURES, LLC  
INTRACOASTAL CAPITAL LLC  
BIGGER CAPITAL FUND, LP  
DISTRICT 2 CAPITAL FUND, LP  
L1 CAPITAL GLOBAL OPPORTUNITIES MAASTER  
FUND  
ALTUM GROWTH FUND, LP  
CVI INVESTMENT, INC.  
ROTH CAPITAL PARTNERS, LLC  
WALLEYE OPPORTUNITY MASTER FUND LTD., et al,  
Defendant(s)

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I, \_\_\_\_\_, certify that I am at least 18 years old and not a party to the matter concerning  
(name)  
which service of process was made. I further certify that the service of this summons and a copy of the complaint  
along with the Standard Discovery Plan and Scheduling Order packet, as required by Local Rule 7016(b), was made  
on \_\_\_\_\_  
(date)

by:

- ☐ Mail Service: Regular, first class United States mail, postage fully pre-paid, addressed to:
- ☐ Personal Service: By leaving the process with defendant or with an officer or agent of defendant at:
- ☐ Residence Service: By leaving the process with the following adult at:
- ☐ Certified Mail Service on an Insured Depository Institution: By sending the process by certified mail addressed to the following officer of the defendant at:

☐ Publication: The defendant was served as follows: (Describe briefly)

☐ State Law: The defendant was served pursuant to the laws of the State of \_\_\_\_\_,  
as follows: (Describe briefly) (name of state)

Under penalty of perjury, I declare that the foregoing is true and correct.

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_